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**Title:** Improved negative predictive value of EBUS-TBNA in isolated mediastinal / hilar lymphadenopathy: Why and what it means for patients?

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**Body:** Introduction: The traditional differential diagnosis of isolated mediastinal / hilar lymphadenopathy (sarcoidosis, tuberculosis, lymphoma and carcinoma) has been broadened to include several common medical conditions such as heart failure (Chabbert V et al Eu Radiol 2004;14;881-9). This may alter the previously reported low negative predictive value of EBUS-TBNA in this scenario (Navani et al Am J Respir Crit Care Med 2012;186:255-60) and the requirement for further invasive investigations in selected patients. Methods: Prospective data was collected on all patients undergoing EBUS-TBNA for isolated mediastinal / hilar lymphadenopathy from 2010 to 2012 at a large tertiary centre. Co-morbidities, pathological results from EBUS-TBNA or any subsequent sampling and six months of clinical-radiological follow up was recorded for every patient. Results: 100 patients (189 lymph nodes) underwent EBUS-TBNA in the study period. In 40 patients EBUS-TBNA diagnosed a clear cause (sarcoidosis, tuberculosis, lymphoma and carcinoma). There were 8 false negatives in the remaining 60 (sarcoidosis 4, TB 1, lymphoma 3). The negative predictive value of EBUS in this study was 86.7%. In the 52 patients without such traditional causes 46% had an underlying medical condition the lymphadenopathy could be attributed to. Conclusions: Common medical conditions can cause mediastinal / hilar lymphadenopathy. Our data suggests a negative EBUS-TBNA in carefully selected patients may safely allow a period of close surveillance rather than further invasive investigations.